178301

2004-205-C

AUTHORIZED UTILITY REPRESENTATIVE FORM

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TYPE: [x/IXC [x/] CLEC [] ILEC

[] Water

[] Sewer PSC SC

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<u>lm</u>	age Access, Inc.			FEIN/SSN:
Comp	any Name			
Dbayfl				Telephone #: <u>225-</u>
214-4	+12			
Mailin	g Address: P. O. Box 7517, Metair	<u>ie, LA 7</u>	0010-9936	
City, S	tate, Zip Code			
	3525 Causaway Plyd Suita500 Matair	io IA 7	0002	
	3525 Causeway Blvd, Suite500, Metair	ie, la 7	0002	Business Location
			Count	
City, S	itate, Zip Code		Count	у:
	. <u>REGISTERE</u>	J AGEN	<u> Information</u>	
Regis	ered Agent:			
Mailin	g Address:		and the second second	and the second second
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City 5	State, Zip Code			
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	uant to the Commission's rules a	<u>nd regu</u>	<u>ılations, print</u>	or type company contact
tor th	e following areas:			
Α.	Regulatory Officer:Jim Dry			
	225-214-4412 /225-2	214-4401		/jimdry@razorline.com
-	Telephone Number / Facsimile Number	mber	/ E-mail Addres	s
В	Customer Complaints:			

			1			
	Telephone Number	/ Facsimile Number	/ E-mail Address			
				CONTINUE ON BACK		
C.	Engineering Operations_					
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	Telephone Number	/ Facsimile Number	/ E-mail Address			
D.	Test and Repair:					
		1	I			
	Telephone Number	/ Facsimile Number	/ E-mail Address			
E.	Emergencies:	(D.:	Non-Office Hours)			
		/ Facsimile Number				
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F.	Financial:					
		1	1			
	Telephone Number	/ Facsimile Number	/ E-mail Address			
G.	Customer Contact (Tol	ll Free)				
	Jim Dry This form was completed by		Signature			
	This form was completed by		Signature			
2006				Date:March 1,		
2000_		_				

RETURN COMPLETED FORM TO: Public Service Commission of SC

Docketing DepartmentPost Office Drawer 11649
Columbia, South Carolina 29211

And

Office of Regulatory Staff Attn: Jeanne Gordon

Post Office Box 11263 Columbia, South Carolina 29211

(Rev. PSC05)